

I do not think this would have happened without DICK DURBIN being on the floor of the Senate almost every day for the past 5 or 6 years, pounding away, talking—I do not mean literally, but it seemed like almost every day for the last 5 years—about the moral responsibility we had as a nation to deal with this problem because we could—because we could—because we had the capacity.

Senator LUGAR has already mentioned—again, I apologize going on for so long, but these people deserve credit—JOHN KERRY. This has been a passion of JOHN KERRY's for the last 10 years. JOHN KERRY, when this was not at all popular, was not at all sort of the flavor of the day, JOHN KERRY was banging away at the need for us to attend to this problem. I think he is owed a debt of gratitude for his persistence and consistency.

Also, the former majority leader, Dr. Frist, a doctor who came from Tennessee, and he got deeply involved in this process and his credibility as a great transplant surgeon sort of transcended the politics of this issue. He deserves great credit.

One of the guys who maybe was—every once in a while there is sort of a spark that ignites the kindling and gets it all going. I always kid him, but Richard Holbrooke—and I say affectionately, who drives me crazy sometimes—but Richard Holbrooke and Senator FEINGOLD were on a trip to Africa. Senator FEINGOLD, who has been passionate about this issue, was chairman of the African Affairs Subcommittee—or he may have been ranking member at that time. In fairness, I cannot remember which it was. Senator Holbrooke going through a torturous confirmation process with the help of Senator LUGAR and myself—was finally confirmed and did a great job there.

He picked up the phone in classic Holbrooke fashion and called Senator FEINGOLD and said: We are going to Africa. They went to, I think—I would stand corrected by Senator FEINGOLD, but I believe it was 12 countries in 14 days. They didn't go for this purpose, but in the process they visited clinics and the rest and they saw the depth, breadth, and consequence of this problem. Richard Holbrooke, according to RUSS FEINGOLD, called Kofi Annan on the plane and said: Kofi, we need a Security Council meeting on AIDS.

And Kofi Annan said: I am told we don't have health care Security Council meetings.

They had it, and that was also a major moment. So I thank Senator FEINGOLD as well.

I could go on. There are others I am sure I left out, but in my years in the Senate, they were some of the people who delivered us this moment.

Last, and I will not say any more because I am going to yield to Senator WYDEN to ask a unanimous consent—but, again, nothing works in this place unless it is bipartisan. No one has the credibility that is more recognized to

produce those kinds of bipartisan results than my colleague, Senator LUGAR, who deserves incredible credit for this bill.

I am told by staff Senator WYDEN wishes to ask unanimous consent about an issue.

THE PRESIDING OFFICER. The Senator from Indiana is recognized.

Mr. LUGAR. If the Senator will yield, I just thank the Senator for his wonderful comments about so many very dear friends, both of ours and of the Senate.

I thanked a few people earlier on, but I really thank the Senator for his comprehensive views. I think it was well worth both the time, as well as the thoughtfulness of his remarks. They will be remembered by our staffs and by our friends.

I will not make further comments because I know other Senators are wanting to transact business, and we appreciate their patience.

Mr. BIDEN. Mr. President, I yield the floor.

THE PRESIDING OFFICER. The Senator from Oregon is recognized.

#### CAROLINE PRYCE WALKER CONQUER CHILDHOOD CANCER ACT OF 2007

Mr. WYDEN. Mr. President, on behalf of Senator JACK REED and myself, I ask unanimous consent the Senate proceed to the immediate consideration of H.R. 1553, the Caroline Pryce Walker Conquered Childhood Cancer Act, which was received from the House, the bill be read three times and passed, the motion to reconsider be laid upon the table with no intervening action or debate.

THE PRESIDING OFFICER. Is there objection?

Mr. COBURN. Reserving the right to object, and I ask the indulgence of the Senator from Oregon for just a moment?

Caroline Pryce Walker was known to me. I attended her funeral. Her mother is a dear friend of mine in the House. So there are personal connections with my position on this bill.

This body, as well as the House, less than a year ago, reformed NIH. We did some very important things. One of the things we did was take out of the hands of politicians the direction that gives us the best opportunity to cure cancer. We put it back in the hands of peer-reviewed scientific study, which we know will accomplish much more than when we put our hands on it.

There are problems with this bill. One is that it has a registry at the CDC. There are already two registries now at NEH. There is no way to fix that, so the American taxpayer is going to get to pay for two.

The second thing is, as we direct \$30 million to this outside of what they are already doing, that means \$30 million isn't going to be available for childhood or juvenile rheumatoid arthritis, isn't going to be available for juvenile

diabetes—where there might be greater hopes of saving more children and making greater impact.

I have great reservations when we start making the decisions on where the scientific inquiry ought to go and it is not connected at all with real science or peer-reviewed science. However, there are changes in this bill and DEBORAH PRYCE has been a great contributor to the body in the House. I have held her in my arms as she has cried over this lost young child and, with reservation, I will not object to this bill. But I must say we are going down the wrong path. We are penny-wise and pound-foolish because we want to do what is emotionally pleasing but scientifically stupid. We are going in this direction.

I am going to allow this. I will not object. I will not object on this bill so this bill will be a great last accomplishment for DEBORAH PRYCE. It will be a fitting tribute to her daughter and all the other children. But I will tell you, we will get less, not more, by doing this in terms of the research and the benefit for the children who have childhood cancer in this country.

I yield the floor.

THE PRESIDING OFFICER. The Senator from Oregon is recognized.

Mr. WYDEN. Mr. President, before he leaves the floor—and I know we have colleagues who are waiting. I will not speak long—I want to express my appreciation to the Senator from Oklahoma for the judgment he has made in letting Senator REED's bill pass tonight. I know the Senator from Oklahoma cares very deeply about the health care of our young people. He and I served on the health subcommittee in the other body. We can have debates about the merits of specific ways to address health issues. I share the view of the Senator from Oklahoma with respect to making sure there is not a meddling by politicians in scientific matters. But tonight, on this legislation, legislation that has passed the other body 416 to 0, the judgment that has been made by the Senator from Oklahoma is in the interests of all of the youngsters of our country who are suffering so greatly, and their families.

Like the Senator from Oklahoma, I have sat with them as well, with constituents. I just want to express my appreciation that the Conquer Childhood Cancer Act introduced by my colleague, Senator REED, is going to pass tonight. This legislation would provide critical resources for the treatment, prevention, and cure of childhood cancer.

We had a victim of childhood cancer in my home State, Jenessa Boey Byers. She passed away from cancer last December, and she was only 8. She battled cancer, not once but twice. She beat her cancer back into remission. She lost that second battle with cancer, but it never really beat her.

I will remember always, going to see her in the hospital. What she said to me is that she was a warrior in the

fight against cancer and that she was going to stand up for all of the other youngsters. She was a well-known advocate. She asked me to support Senator REED's legislation, and I am very proud to do it. In fact, she said to me at one point:

If you sponsor my legislation, you will be my hero.

The fact is, the real heroes of this legislation are these youngsters who have suffered, and suffered so greatly. So the decision made by the Senator from Oklahoma tonight is one that is going to benefit so many families in our country.

I want to pay particular tribute to Senator REED. He could not be here for the unanimous consent, but Senator REED has prosecuted this cause for months and months, working with the other body, working here with colleagues. So full credit for this cause goes to Senator JACK REED who is helping so many of our youngsters afflicted by cancer.

The PRESIDING OFFICER. Without objection, it is so ordered. The request is agreed to.

The bill (H.R. 1553) was ordered to be read a third time, was read the third time, and passed.

Mr. WYDEN. I wish to make one other quick comment. I know colleagues are waiting. I wanted to make this comment with respect to health care, because two of my allies in this health care cause, Senators LANDRIEU and CRAPO, are on the floor. There is special significance about the two of them being here tonight for these additional comments on health. What we have seen again in the last few days is one of the worst positions in our country to be in, to be in your late 50s and laid off from work without health care. If you are laid off in your late 50s, let's say you are laid off at 56, 57, like a lot of these workers we have been reading about in the Midwest who had big layoffs in GM, for example, you go out into a broken individual insurance market. What the distinguished Senator from Louisiana, Ms. LANDRIEU, and the distinguished Senator from Idaho, Mr. CRAPO, and I are trying to do—we are part of a group of 16 in the Senate, 8 on the Democratic side, 8 on the Republican side—is to help all those people in their late 50s who are being laid off.

In fact, under our legislation, the Healthy Americans Act, those people would not go out into a broken individual insurance market. If you are 57, 58, for example, and you are laid off in Louisiana or Idaho, under our legislation today, you can get discriminated against if you have a preexisting condition. What our group has been trying to do, with the leadership of Senators LANDRIEU and CRAPO, is say that is not part of the individual market of the future. You can't be discriminated against under our legislation. So right away we are giving some hope to those older workers who are laid off.

The second thing we do in our group is, we give that laid-off worker who is

56, 57 years old some real tax relief, like she would have gotten through her employer if she still had her job. The irony is, if you are laid off, for example, and you are 57, 58 in the State of Louisiana, if you have some high flying CEO, they have an employer health package, and they get a write-off. But you don't get a write-off if you are a laid-off worker in your late 50s. What we do in our legislation is help those people as well.

I will be talking more about what it is like in this country to be in your late 50s, years away from being able to get Medicare, and going out into the broken individual insurance market. I would have talked a bit longer, but colleagues have been waiting. I thought it was particularly appropriate to bring this up tonight because Senators LANDRIEU and CRAPO have joined Senator BENNETT and me in this group of 16 whom I believe tonight, when Americans have read those articles about the GM retirees getting clobbered and losing their coverage, they ought to know there is a bipartisan group of us here in the Senate that is committed to giving those people a fair shake and committed to giving them new hope. They would have, under our legislation, under what Senators LANDRIEU and CRAPO and I are working on, a legal guarantee to high quality, affordable coverage, unlike some of those retirees from GM. They would have a safety net.

This has been an important night in health care. First because Senator REED's legislation to help youngsters afflicted with cancer has passed, and it honors the memory of one of my constituents from Oregon and, second, I thought it was particularly appropriate with Senators LANDRIEU and CRAPO here tonight, with millions of Americans who are in their late 50s worried that they are going to lose their health coverage, to know a group of us on a bipartisan basis have legislation that would provide real relief, a legal guarantee to high quality, affordable coverage when they lose their job through no fault of their own.

I thank my colleagues, Senators LANDRIEU and CRAPO, with particular thanks to Senator REED, for passage of his legislation to help youngsters afflicted with cancer.

I yield the floor.

The PRESIDING OFFICER. The Senator from Idaho.

Mr. CRAPO. Mr. President, I ask unanimous consent that following my remarks, Senator LANDRIEU be recognized.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. CRAPO. Mr. President, before he leaves the floor, I thank the Senator from Oregon for his kind remarks. More than that, I thank him for his leadership. Health care, as all Americans know, is one of the most significant issues we face today. Senator WYDEN has been outstanding and relentless in his efforts to build bipar-

tisan support for comprehensive reform of our health care system. We have a lot of different ideas in the Senate about how to reform health care. Frankly, one of the reasons we have such a sort of a patchwork system of health care is because each side in this debate wins a battle here and there and gets a piece of their idea into the solution. When we are done, the patchwork system we have probably is not as good as any one of the pure systems that many people advocate for. But we have to work together in a collaborative fashion and build consensus for true health care reform. I thank the Senator for his leadership in that regard.

#### ENERGY CRISIS

Mr. CRAPO. Mr. President, I want to speak on an issue which is as important to Americans as health care. In fact, it may be, today, more on their minds and may be a more critical issue. That is our national energy policy, particularly the increasingly high price of gasoline and petroleum.

About 2 weeks ago I asked my constituents in Idaho to contact me by e-mail and to tell me what the high price of gas meant in their lives. What was it doing? Was it another inconvenience or what was happening in their individual lives because of these high prices; secondly, to tell me what they thought Congress ought to do about it, what the solutions should be. Overnight I had almost 600 responses. The total now has risen to over 1,200 responses. The people in Idaho tell a story I am sure could be told by millions of people across this country about what the high price of gas means. It is not just an inconvenience; it is not just fewer trips to the restaurant or to the movies; it is impacting people's lives across the board in monumental ways that could, if we don't fix it, change the quality of life and the American dream. I am reading every one of these e-mails. I read stories from my constituents about those who end up at the end of the week with just about \$40 or \$50 left in their budget, and they haven't yet bought their food. They need to buy another tankful of gas so they can get to work and keep their job. That is the decision they have to make. They buy the gas because they have to keep their job. They try to figure out how to do with less food.

I have stories coming in from individuals who cannot any longer purchase their medicine. Their choice is food, medicine, or fuel. Now they are going without the medicines they need.

I read one this morning from a lady who needs to travel to a certain medical facility for medical treatment. She no longer has the ability to make these trips because she does not have enough money to pay for the gas. So she has had to try to make arrangements with her doctor to make some educated guesses about her health care, because she cannot get to the medical facility for the treatments she needs and the